Message

From: bounce-38975297-62701352@listserv.unc.edu [bounce-38975297-62701352@listserv.unc.edu]
on behalf of Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest [occ-env-med-l@listserv.unc.edu]
Sent: 6/16/2017 4:29:56 AM
To: occ-env-med-l digest recipients [occ-env-med-l@listserv.unc.edu]
Subject: occ-env-med-l digest: June 15, 2017

OCC-ENV-MED-L Digest for Thursday, June 15, 2017.

1. The murky waters surrounding glyphosate - another view on Reuters 'Cancer agency left in the dark over glyphosate evidence'
2. Re: occ-env-med-l digest: June 13, 2017
3. Employer stops the DOT exam with Detremination Pending
4. Re: Employer stops the DOT exam with Detremination Pending
5. Diabetes and shift work

Subject: The murky waters surrounding glyphosate - another view on Reuters 'Cancer agency left in the dark over glyphosate evidence'
From: Andrew Watterson <a.e.watterson@stir.ac.uk>
Date: Thu, 15 Jun 2017 05:47:05 +0000
X-Message-Number: 1

The Reuters piece on glyphosate may shed light on one part of the current debate about glyphosate and the role of WHO's IARC. However, the lack of company transparency, problems with accessing raw data and the lobbying of industry groups to undermine independent agencies forms by far the biggest part of the problem facing public health researchers investigating pesticides and other chemicals. The chemical industry assault on IARCs wider monograph work has been well documented in the last couple of years and would appear to be pretty crude. This is very much 'Doubt is their Product' territory.

Below are 4 examples of how this may be happening and why researchers like Portier for example challenge the evidence base for glyphosate safety used by ECHA and EFSA. It is very much the other side of the 'transparency' coin.

(1)"EU declared Monsanto weedkiller safe after intervention from controversial US official. Exclusive: European Food Safety Authority dismissed a study linking glyphosate to cancer following counsel with an EPA official allegedly linked to the company and who figures in more than 20 lawsuits..."
https://www.theguardian.com/environment/2017/may/24/eu-declared-monsanto-weedkiller-safe-after-intervention-from-controversial-us-official

(2)Inconvenient data buried as 'confidential business information.'
"The key ingredient in the most widely used herbicide in the world, Roundup, is stirring up controversy again.
A new analysis of previously confidential data has revealed serious errors in the supposedly scientific justification that glyphosate is safe.
The analysis comes from a real silverback in the environmental health field: Dr. Chris Portier, retired Director of the US National Center for Environmental Health and formerly the director of the US Agency for Toxic Substances and Disease Registry. He finds that the European Food Safety Authority (EFSA) and the European Chemical Agency (EChA) missed eight instances where statistically significant increases in tumors occurred in animals exposed to glyphosate.
Portier was only able to obtain access to these data, which had been submitted for review by Monsanto, because in 2016 members of the European Parliament requested that the data be made available for public scrutiny. This request-and the delayed release of the data in the first place-was necessary because the data had been considered confidential information by EFSA and EChA.
From Portier's letter:
In these additional analyses, I found eight significant increases in tumor incidence that do not appear in any of the publications or government evaluations presented by both EFSA and EChA.
He also observes:
Transparency is an important aspect of the scientific process and I applaud EFSA for allowing limited access to the raw data from the animal studies of glyphosate. However, scientific rigor is required and the tumors identified in Table 1 may be interpreted as a failure by the agencies involved in these assessments to carefully review and analyze all of the available data before rendering a decision that there is no evidence that glyphosate is carcinogenic to humans".
http://www.environmentalhealthnews.org/ehs/news/2017/june/Glyphosate-Science-Monsanto

(3)WHO agency targeted by Monsanto lobby group over glyphosate cancer link.
https://www.oneworld.nl/english/who-agency-targeted-monsanto-lobby-group-over-glyphosate-cancer-link

(4)"The American Chemistry Council is a trade group representing a long list of corporations that produce and work with synthetic chemicals, from ExxonMobil to Eli Lilly to Monsanto. The trade group has a history of enthusiastically defending the safety of various chemicals and lobbying health agencies to do the same.
On Wednesday, the American Chemistry Council announced the launch of its new campaign, one that it claims will promote "Credibility in Public Health Research," or CAPHR for short. The target of the CAPHR campaign is the World Health Organization's International Agency for Research on Cancer, the same agency that had listed glyphosate as a carcinogen".
"In particular, CAPHR will seek reform of the International Agency for Research on Cancer's (IARC) Monographs Program, which evaluates the carcinogenic hazard of substances and behaviors," writes the American Chemistry Council in a press release. "IARC's Monographs Program suffers from persistent scientific and process deficiencies that result in public confusion and misinformed policy-making."
https://www.consumeraffairs.com/news/chemical-industry-launches-pr-war-against-world-health-organization-013017.html

Professor Andrew Watterson PhD CFIOSH
Occupational and Environmental Health Research Group,
Centre for Public Health and Population Health Research,
Faculty of Health Sciences and Sport,
Pathfoot Building R E010,
University of Stirling,
Stirling,
Scotland FK9 4LA
Tel: 01786-466283

Subject: Re: occ-env-med-l digest: June 13, 2017
From: Ruth Light <ruthlight1@comcast.net>
Date: Thu, 15 Jun 2017 07:23:37 -0400
X-Message-Number: 2

Natalie, please proceed to give us the summary of the information you are referring to, and your opinion.
Ruth

Ruth L. Light MD, MS, MPH, FACOEM
> On Jun 14, 2017, at 12:31 AM, Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest <occ-env-med-l@listserv.unc.edu> wrote:
>
>
> From: "Occupational & Environmental Medicine for Clinicians & Public Health Professionals digest" <occ-env-med-l@listserv.unc.edu <mailto:occ-env-med-l@listserv.unc.edu>>
> Subject: occ-env-med-l digest: June 13, 2017
> Date: June 14, 2017 at 12:31:55 AM EDT
> Reply-To: "Occupational & Environmental Medicine for Clinicians & Public Health Professionals" <occ-env-med-l@listserv.unc.edu <mailto:occ-env-med-l@listserv.unc.edu>>
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> OCC-ENV-MED-L Digest for Tuesday, June 13, 2017.
>
> 1. MRO and using prescription monitoring software
> 2. MRO access to Prescription Monitoring Program (PMP) data
> 3. RE: MRO and using prescription monitoring software
> 4. RE: Join the Society of Occupational Medicine
> 5. Summary RE: MRO and using prescription monitoring software
> 6. Re: Summary RE: MRO and using prescription monitoring software
> 7. RE: Summary RE: MRO and using prescription monitoring software
> 8. Cross walk of ICD-10-CM and OIICS
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> This is the free Discussion Forum for Clinical & Public Health professionals in Occupational & Environmental Medicine (exposure-related human disease).
>

> Originated at Duke University in 1993, it now is centered at Univ. N. Carolina School of Public Health, where it is still managed by Gary Greenberg, MD
>
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>
> From: "Padiyar, Krishna R" <Krishna_Padiyar@bshsi.org <mailto:Krishna_Padiyar@bshsi.org>>
> Subject: MRO and using prescription monitoring software
> Date: June 13, 2017 at 9:10:35 AM EDT
> Reply-To: "Padiyar, Krishna R" <Krishna_Padiyar@bshsi.org <mailto:Krishna_Padiyar@bshsi.org>>
>
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> All,
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> Thoughts from the group about the legality of this from 49 CFR Part 40, and other MRO processes would be appreciated.
>
> Krishna R. Padiyar, MD, MPH
> Bon Secours OccuMed
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> From: Galaid Edward I <Edward.Galaid@RoperSaintFrancis.com <mailto:Edward.Galaid@RoperSaintFrancis.com>>
> Subject: MRO access to Prescription Monitoring Program (PMP) data
> Date: June 13, 2017 at 9:46:09 AM EDT
> Reply-To: Galaid Edward I <Edward.Galaid@RoperSaintFrancis.com <mailto:Edward.Galaid@RoperSaintFrancis.com>>
>
>
> Dr. Padiyar, who practices in Virginia, posted an inquiry about MRO access to the PMP, and the donor permission to access it.
> Problem with this is that itâ€™s not up to the donor, and as far as I know has nothing to do with Fed regs. The state laws governing access to PMP data generally prohibit using the info in the database for anything other than clinical decision making and prescribing. There is a whole section in the Virginia regs pertaining to disclosure. Hereâ€™s the hot link to the Virginia regs: http://law.lis.virginia.gov/vacode/title54.1/chapter25.2/section54.1-2525/ <http://law.lis.virginia.gov/vacode/title54.1/chapter25.2/section54.1-2525/>
> Here in SC, I discovered that the MRO employed by the TPA that we were contracting withâ€¦ was inappropriately interrogating the PMP as part of the medical review. That practice was halted after I had a discussion with the owner of the TPA, and a member of the SC Board of Medical Examiners.
>
> Have the donor get a copy of his profile from the pharmacies where he fills his scripts. Keep it simple.

>
> Ed
>
> Edward I. Galaid, MD, MPH
> ABIM, ABPM (Occ Med, PH&GPM)
> Medical Director, Occupational Health Partners
> Roper St. Francis Healthcare Charleston, SC
> Member, ACOEM Task Group on Medical Guidance for Law Enforcement Officers
> 843-724-2131
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>
> From: "Daniel J Brustein" <dbrustein@att.net <mailto:dbrustein@att.net>>
> Subject: RE: MRO and using prescription monitoring software
> Date: June 13, 2017 at 10:06:16 AM EDT
> Reply-To: "Daniel J Brustein" <dbrustein@att.net <mailto:dbrustein@att.net>>
>
>
> Not allowed in in Ohio, to my understanding. I donâ€™t believe MROâ€™s are mentioned in the rules. (https://www.ohiopmp.gov/Portal/About.aspx <https://www.ohiopmp.gov/Portal/About.aspx>). However, â€œOARRS helps prescribers and pharmacists avoid potentially life-threatening drug interactions as well as identify individuals fraudulently obtaining controlled substances from multiple health care providers, a practice commonly referred to as â€œdoctor shopping.â€ It can also be used by professional licensing boards to identify or investigate clinicians with patterns of inappropriate prescribing and dispensing, and to assist law enforcement in cases of controlled substance diversion.â€ These guides are interpreted narrowly; a separate regulation was required to allow the Medical Directors of Managed Care Organizations for Workersâ€™ Comp (required by state law, and responsible for many things, including overseeing some aspects of drug prescribing) to access OARRS for injured workers whose cases they help in managing.
>
> Simple rule: as a physician, if youâ€™re not (considering) prescribing for your patient, you canâ€™t access.
>
> Djb
>
> From: bounce-38963699-10990982@listserv.unc.edu <mailto:bounce-38963699-10990982@listserv.unc.edu> [mailto:bounce-38963699-10990982@listserv.unc.edu <mailto:bounce-38963699-10990982@listserv.unc.edu>] On Behalf Of Padiyar, Krishna R
> Sent: Tuesday, June 13, 2017 9:11 AM
> To: Occ-Env-Med-L <dbrustein@att.net <mailto:dbrustein@att.net>>
> Subject: [occ-env-med-l] MRO and using prescription monitoring software
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> Bon Secours OccuMed
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>
>
> From: Nick Pahl <nick.pahl@som.org.uk <mailto:nick.pahl@som.org.uk>>
> Subject: RE: Join the Society of Occupational Medicine
> Date: June 13, 2017 at 11:10:03 AM EDT
> Reply-To: Nick Pahl <nick.pahl@som.org.uk <mailto:nick.pahl@som.org.uk>>
>
>
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>
> We are now on a major membership drive to recruit new members of SOM, including internationally. Members receive a hard copy of the Occupational Medicine journal as well as monthly news, appraisal services, peer support, and discounts for events, our conference and products.
>
> To join the SOM, go to https://www.som.org.uk/membership-information <https://www.som.org.uk/membership-information>
>
> All best wishes
>
> Nick Pahl | CEO
> Society of Occupational Medicine | 20 Little Britain
> | London | EC1A 7DH
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> SOM/FOM Conference â€“ 26-8th June â€“ Leeds â€“ book at http://www.occupationalhealthconferences.co.uk <http://www.occupationalhealthconferences.co.uk/>
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> From: "Padiyar, Krishna R" <Krishna_Padiyar@bshsi.org <mailto:Krishna_Padiyar@bshsi.org>>
> Subject: Summary RE: MRO and using prescription monitoring software
> Date: June 13, 2017 at 1:12:59 PM EDT
> Reply-To: "Padiyar, Krishna R" <Krishna_Padiyar@bshsi.org <mailto:Krishna_Padiyar@bshsi.org>>
>
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> So to summarize:
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> In most states, it is illegal because you are not working in a physician-patient relationship of prescribing medication (which is why most monitoring programs were set up). The MRO process, as most of us know, is not a physician-patient relationship.
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> Check your state rules. It could be a felony.
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> Thank you all who gave their input. Glad to have a nice close-knit community of Occ Docs! J
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> Bon Secours OccuMed
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> From: Natalie Hartenbaum <natah@comcast.net <mailto:natah@comcast.net>>
> Subject: Re: Summary RE: MRO and using prescription monitoring software
> Date: June 13, 2017 at 4:48:38 PM EDT
> Reply-To: Natalie Hartenbaum <natah@comcast.net <mailto:natah@comcast.net>>
>
>
> Going to take this to a slightly different direction (and I do have my opinion but will not share at this point).
> What about the provider who is not treating but assessing fitness for duty - perhaps a CDME, railroad employee, forklift operator, machine operator or any other â€œsafety sensitiveâ€ or non-safety sensitive position.
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>
> If yâ€™all want to send to see, will summarize and post (and then give my opinion)
>
>
> Natalie P. Hartenbaum, MD, MPH, FACOEM
> President and Chief Medical Officer
> OccuMedix
> PO Box 197
> Dresher, PA 19025
> 215-646-2205
> occumedix@comcast.net <mailto:occumedix@comcast.net>
>
>
>> On Jun 13, 2017, at 1:12 PM, Padiyar, Krishna R <Krishna_Padiyar@bshsi.org <mailto:Krishna_Padiyar@bshsi.org>> wrote:
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>> Subject: MRO and using prescription monitoring software
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>> Bon Secours OccuMed
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> From: "Rochester, James" <JRochester@worknetoccmed.com <mailto:JRochester@worknetoccmed.com>>
> Subject: RE: Summary RE: MRO and using prescription monitoring software
> Date: June 13, 2017 at 4:52:19 PM EDT
> Reply-To: "Rochester, James" <JRochester@worknetoccmed.com <mailto:JRochester@worknetoccmed.com>>
>
>
> Would like to know if any medical attorneys or employment attorneys would be able to post re: their opinion?
>
> We physicians are opining but we are not attorneys or legal scholars.
>
> Kind of like an attorney giving medical advice.
>

> Jim
>
>
> James A. Rochester, MD, FAAFP
> Medical Director
> Worknet Occupational Medicine
> 241 Rohrerstown Road, Lancaster, PA 17603
> Tel 717-431-1770
> 4237 Oregon Pike, Schaumâ€™s Corner, Ephrata, PA 17522
> Tel 717-859-5002
> www.WorknetOccupationalMedicine.com <http://www.worknetoccupationalmedicine.com/>
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Behalf Of Natalie Hartenbaum
> Sent: Tuesday, June 13, 2017 4:49 PM
> To: Rochester, James <JRochester@worknetoccmed.com <mailto:JRochester@worknetoccmed.com>>
> Cc: occ-env-med-L occ-env-med-L <occ-env-med-L@listserv.unc.edu <mailto:occ-env-med-
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>
> From: "Duan, Xiangyi (CDC/NIOSH/DSHEFS)" <nnk6@cdc.gov <mailto:nnk6@cdc.gov>>
> Subject: Cross walk of ICD-10-CM and OIICS
> Date: June 12, 2017 at 9:45:13 AM EDT
> Reply-To: "Duan, Xiangyi (CDC/NIOSH/DSHEFS)" <nnk6@cdc.gov <mailto:nnk6@cdc.gov>>
>
>
> Hello,
>
> I am looking around to see if anyone in this list has made an effort to cross walk from ICD-10-CM code to section 2.2 of OIICS (Occupational Injury and Illness Classification System), which is the Part of Body Affected. Greatly appreciate any comments about what resources or approach I can use to tackle this.
>
> Thank you,
> Xiangyi Duan MPH
> Health Analytics Fellow
> Centers for Disease Control and Prevention
> National Institute for Occupational Safety and Health
> Center for Workersâ€™ Compensation Studies
> 1090 Tusculum Ave, MS R-13
> Cincinnati, OH 45226
> Office: (513)458-7175
> Nnk6@cdc.gov <mailto:Nnk6@cdc.gov>

Subject: Employer stops the DOT exam with Detremination Pending
From: P Smith <cu2denver@hotmail.com>
Date: Thu, 15 Jun 2017 19:10:16 +0000
X-Message-Number: 3

I have a question and unsure how to do.

I have a company sending in drivers for DOT exam. One of the driver was placed in 45-day Determination Pending to request medical records for review. Later, the employer decided it doesn't want us to proceed further with the DOT exam (I don't know the reason behind). Since the employer pays for the exam, technically, it has the right to stop the exam (?). My questions are:

1. Since the exam has started, I have to complete the DOT form. With the Determination Pending, there are only 2 ways to close the exam: (a) the driver does not come back or does not provide records as requested and the exam is "Incomplete", or (b) the exam is amended when the driver come back or records received and reviewed. If the employer wants to stop the exam, how do I complete the exam? What reason? I think "Incomplete" option is more appropriate but would the reason of "employer does not want the exam to continue" be appropriate here?
2. If the employer wants to stop the exam after the records have received and reviewed (or after driver come back for exam), how do I stop/complete the exam? The exam needs to be completed once it is started to be submit to FMCSA. I feel I have to complete the exam after I received and reviewed the records regardless what the employer wants.

Thanks for your inputs.

Paul Smith

Subject: Re: Employer stops the DOT exam with Detremination Pending
From: Natalie Hartenbaum <natah@comcast.net>
Date: Thu, 15 Jun 2017 15:14:37 -0400
X-Message-Number: 4

Whether the employer wants the outcome or not, you must follow FMCSA procedure. At 45 days, it becomes incomplete. If the driver returns, you amend the report.

Whether the employer hires or not does not matter.

Natalie P. Hartenbaum, MD, MPH, FACOEM
President and Chief Medical Officer
OccuMedix
PO Box 197
Dresher, PA 19025
215-646-2205
occumedix@comcast.net

> On Jun 15, 2017, at 3:10 PM, P Smith <cu2denver@hotmail.com> wrote:
>
> I have a question and unsure how to do.
>
> I have a company sending in drivers for DOT exam. One of the driver was placed in 45-day Determination Pending to request medical records for review. Later, the employer decided it doesn't want us to proceed further with the DOT exam (I don't know the reason behind). Since the employer pays for the exam, technically, it has the right to stop the exam (?). My questions are:
>
> Since the exam has started, I have to complete the DOT form. With the Determination Pending, there are only 2 ways to close the exam: (a) the driver does not come back or does not provide records as requested and the exam is "Incomplete", or (b) the exam is amended when the driver come back or records received and reviewed. If the employer wants to stop the exam, how do I complete the exam? What reason? I think "Incomplete" option is more appropriate but would the reason of "employer does not want the exam to continue" be appropriate here?
> If the employer wants to stop the exam after the records have received and reviewed (or after driver come back for exam), how do I stop/complete the exam? The exam needs to be completed once it is started to be submit to FMCSA. I feel I have to complete the exam after I received and reviewed the records regardless what the employer wants.
>
> Thanks for your inputs.
>
> Paul Smith
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Subject: Diabetes and shift work
From: Daniel Lussenhop <Daniel.Lussenhop@genmills.com>
Date: Thu, 15 Jun 2017 19:25:19 +0000
X-Message-Number: 5

Does anyone have guidance or resources on shift work assignments in patients with insulin dependent diabetes? It has always been my practice to advise against rapidly changing shift work for these patients, but some of our facilities want more guidance than this. Is there a generally recommended period of time between shift changes that anyone would advise, in the interests of the patient adjusting eating schedules and insulin doses in order to maintain control of insulin dependent diabetes? Thanks.

Daniel Lussenhop, M.D., M.P.H.
Director, Global Health
General Mills
1 General Mills Blvd, Mpls 55426
Phone/Fax 763-764-2279

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